Annual Report

of the

SASKATCHEWAN

CANCER

FOUNDATION

April 1, 1986 to March 31, 1987

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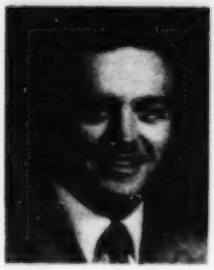
BOARD OF DIRECTORS



Mr. E. I. Schwartz
Chairman

Dr. J. L. Blackburn

Mrs. D. Cowie

Mr. J. Craig

Dr. I. E. Daunt

Mrs. E. Green

Dr. W. D. MacRae

Mr. G. F. McCallum

Dr. I. M. McDonald

Dr. D. J. Philippon

Mrs. J. Turko

Honourable George McLeod
Minister of Health
Province of Saskatchewan
Legislative Building
REGINA, Saskatchewan
S4S 0B3

Dear Mr. McLeod:

As Chairman of the Saskatchewan Cancer Foundation, I have the honour to submit herewith the report on the activities of the Foundation for the fiscal year ending March 31, 1987.

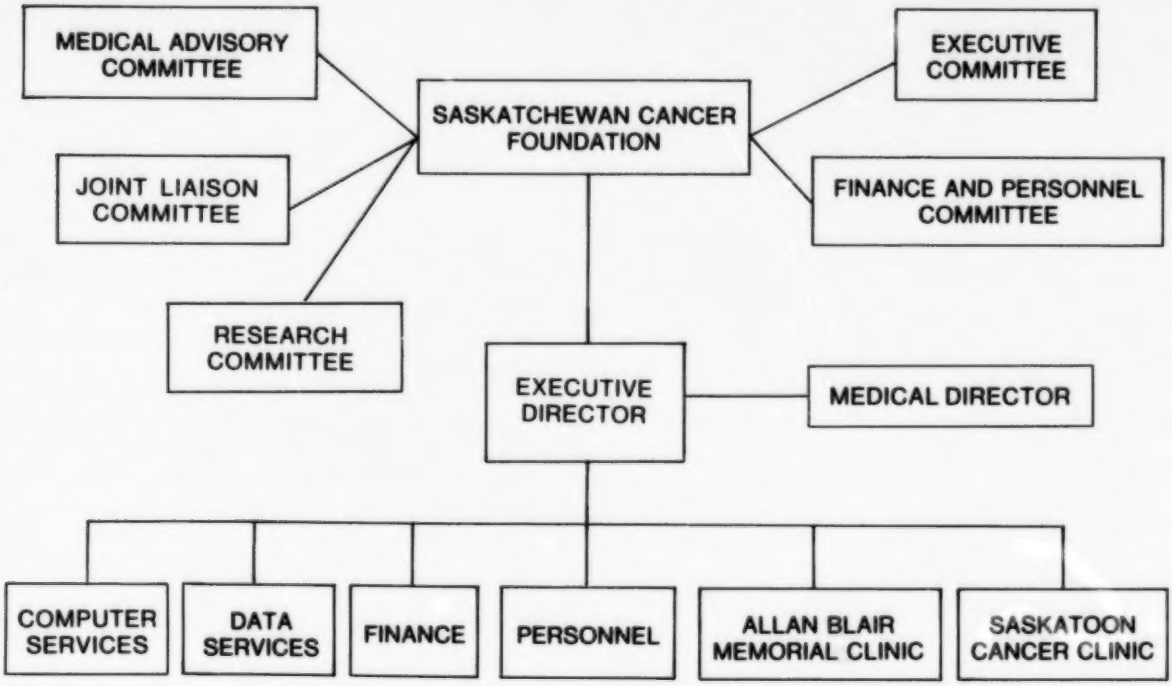
In September, changes to the Foundation's Board of Directors saw the appointment of Mrs. Donna Cowie of Alida, Saskatchewan, Dr. I. M. McDonald, Dean of Medicine, University of Saskatchewan, Saskatoon, and Dr. W. D. MacRae of Regina. The Foundation would like to take this opportunity to extend their thanks to those retiring Board members, Dr. R. G. Murray, Dr. R. B. Baltzan, and Mrs. Laura Perrin, for their service to the Saskatchewan cancer program over the past number of years.

On behalf of the Cancer Foundation, I would like to thank you and your colleagues for your continuing interest in the Saskatchewan Cancer Program.

Respectfully submitted,

E. I. Schwartz
Chairman

ORGANIZATION CHART



MEDICAL ADVISORY COMMITTEE

Dr. D. J. Klaassen – Chairman
Dr. G. R. Armitage
Dr. W. N. Huber
Dr. S. K. Liem
Dr. S. Padmanabh
Dr. D. R. Popkin
Dr. G. R. Spooner
Dr. A. K. S. Teckchandani
Dr. K. R. Visvanathan
Dr. H. G. Whiston

RESEARCH COMMITTEE

Mr. P. H. Peters – Chairman
Dr. J. D. Chapman
Dr. S. O. Fedoruk
Dr. D. D. Johnson
Dr. D. J. Klaassen
Dr. R. West
Dr. H. G. Whiston

EXECUTIVE COMMITTEE

Mr. E. I. Schwartz – Chairman
Dr. J. L. Blackburn
Mr. G. F. McCallum
Dr. I. M. McDonald
Mrs. J. R. Turko

JOINT LIAISON COMMITTEE

Mr. E. I. Schwartz
Mr. P. H. Peters
Mr. A. W. Wilson (Canadian Cancer Society)
Mr. G. O. Thomas (Canadian Cancer Society)

FINANCE AND PERSONNEL COMMITTEE

Dr. J. L. Blackburn – Chairman
Mrs. D. Cowie
Mr. J. Craig
Mrs. E. Green
Dr. W. D. MacRae
Mr. E. I. Schwartz

ORGANIZATION

ADMINISTRATION

Mr. P. H. Peters
— *Executive Director*
Mrs. J. M. Gebert
— *Administrative Assistant*
Mrs. V. J. Lusk
— *Director of Finance*
Mr. W. G. Sharp
— *Associate Director of Finance*
Mrs. M. J. Wenman
— *Accounting Clerk*
Mrs. D. A. Lauridsen
— *Payroll Clerk*
Mr. O. H. Pratt
— *Director of Personnel*
Mrs. S. H. Tompkins
— *Personnel Clerk*
Mrs. D. L. Robson
— *Director of Data Services*
Mr. D. L. Benson
— *Director of Computer Services*
Mr. R. L. Robinson
— *Programmer Analyst*
Mr. D. M. Gurnsey
— *Programmer Analyst*

ALLAN BLAIR MEMORIAL CLINIC

Dr. H. G. Whiston
— *Director*
Mr. J. A. Grill
— *Business Manager*

SASKATOON CANCER CLINIC

Dr. D. J. Klaassen
— *Director*
Miss O. Belovanoff
— *Business Manager*

The Saskatchewan Cancer Foundation has established several sub-committees to facilitate the carrying out of its mandate. The Executive Committee of the Foundation is composed of the Chairman, Vice-Chairman and three other members. It considers any urgent business of the Foundation that may arise between regular meetings of the Foundation. The Medical Advisory Committee advises the Foundation on the provision of medical services and other related matters. Its membership includes the Medical Directors of the cancer clinics, two full-time physicians on the clinic staff, three specialists in private practice and two general practitioners as determined by agreement with the College of Physicians and Surgeons of Saskatchewan and one representative from the College of Medicine. At least ten and not more than seventeen members may be appointed to the committee. The Finance and Personnel Committee consists of the Chairman — ex officio, and four other members of the Foundation. It makes recommendations regarding the financial operation of the program, as well as personnel matters including salary and fringe benefits of staff. The Joint Liaison Committee is a joint committee of the Saskatchewan Cancer Foundation and the Canadian Cancer Society, Saskatchewan Division. Its role is to address matters which are of mutual concern to the two organizations. The Chairman and Executive Director represent the Saskatchewan Cancer Foundation as members of this committee. The Research Committee advises the Foundation on the awarding of grants to support research projects for Foundation staff or other investigators collaborating with Foundation staff.

The development and operation of the Saskatchewan Cancer Program is the responsibility of the Saskatchewan Cancer Foundation. It employs an executive director who is responsible for implementing the policies of the Foundation and for the ongoing operation of the program.

The Foundation maintains two service outlets — the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The clinics provide diagnostic services, treatment services in radiotherapy and chemotherapy, and follow-up services. The clinics also serve as centres for the co-ordination of a comprehensive and multi-disciplinary approach for all aspects of care and treatment for the cancer patients.

The staff works closely with the patient's family physician, consulting physician and surgeon and other persons not directly employed by the Foundation to ensure the provision of high quality treatment and follow-up care.

ORGANIZATION

Objectives

The objectives of the Saskatchewan Cancer Foundation are:

- the operation of cancer clinics for the examination, diagnosis and treatment of cancer patients
- the education of the public in the importance of the early diagnosis, prevention and treatment of cancer
- the training of technical personnel to assist in the examination, diagnosis, treatment and study of cancer and the provision of facilities for undergraduate and post-graduate study relating to cancer
- the conduct of and participation in research projects in the diagnosis, prevention and treatment of cancer
- the maintenance and operation of hostels in connection with the clinics

Eligibility and Benefits

To be eligible for benefits under the Cancer Control Program, a patient must be a resident of the province for three months and must be formally admitted to the program by his/her doctor. For landed immigrants and some special residents returning to Canada, this period is reduced to one day. Details on policies governing admission to the program, and payment of services, are included on Page 36.

There is no charge to eligible patients for diagnostic and treatment services received at the cancer clinics. In addition, the Foundation pays for authorized medical and surgical services provided by physicians in private practice, in-hospital drugs, and certain out-patient drugs used in the active treatment of cancer.

Eligible patients who elect to receive their cancer services outside the province are reimbursed at the same rates as if the service was provided in Saskatchewan. If a patient is referred out of the province by the Foundation for treatment not available in Saskatchewan, payment will be made for the medical and hospital expenses incurred. Non-residents who receive cancer services in Saskatchewan are charged at Saskatchewan rates for services rendered.

ORGANIZATION

Nature and Scope of Services

The program offered by the Saskatchewan Cancer Foundation incorporates prevention, detection, diagnosis, treatment and follow-up of patients with malignant or premalignant disease. As a part of this comprehensive program, the Foundation is involved in teaching and research which is complementary to the service activities.

Since only patients referred by doctors are admitted to the Cancer Control Program, the responsibility for suspecting cancer and facilitating its detection at the earliest possible time rests with the family doctor. When the family physician suspects the presence of cancer, and has completed his investigations, a diagnosis should be arrived at and an evaluation made as to the extent of the disease and the treatment required as soon as possible. To facilitate this process, the patient should be referred to the cancer clinic or appropriate specialists, whichever is most suitable. In all cases, the patient must be registered with the program within 14 days of making the diagnosis of cancer.

When a malignant condition is discovered, the clinic medical staff, the patient's physician, and consultant specialists plan and carry out a treatment program. If surgery forms part of the treatment, the patient and his physician may choose an appropriate qualified surgeon from a surgical roster maintained by the Foundation. If radiotherapy forms part of the treatment plan, it is administered by Radiation Oncologists on the staff of the clinics. Chemotherapy, the treatment of cancer through the administration of chemical agents, is carried out by clinic medical staff and by other physicians in consultation with clinic staff.

Regular follow-up examination of patients treated for cancer is a vital procedure in detecting recurrent disease and for assessing the effectiveness of treatments. The Saskatchewan Cancer Foundation maintains a comprehensive follow-up activity with all patients receiving regularly scheduled examinations after treatment by either personnel of the clinics, consultant specialists or their family physician.

The staff of each clinic, in co-operation with the patient's family physician and consultant specialists, attempt during treatment and follow-up to prepare the patient both physically and psychologically for the future. Those who must be fitted with prosthetics are given instructions on how to adapt to them, while patients with certain disabilities are cared for at the Wascana Hospital in Regina or the rehabilitation unit of the University Hospital in Saskatoon. Patients and their families often go through successive periods of stress and readjustment when faced with problems created by a diagnosis of cancer. Social Workers at each clinic are available to meet the social and emotional needs of the cancer patients and their families.

REPORTS

EXECUTIVE DIRECTOR

I am pleased to submit this report highlighting the activities of the Saskatchewan Cancer Foundation for the year 1986-87.

Miss Sylvia O. Fedoruk, Director of Physics Services for the Saskatchewan Cancer Foundation, retired December 31, 1986 after 35 years of dedicated service to the cancer program. Miss Fedoruk has brought significant distinction and honour to our province in her role and contribution as a scientist. Her involvement in the development and calibration of the world's first Cobalt 60 machine used in the treatment of cancer patients is only one of her many contributions, accomplishments and honours. In recognition of Miss Fedoruk's distinguished career, the Saskatchewan Cancer Foundation is pleased to make available "The Sylvia Fedoruk Prize in Medical Physics". This annual award, starting in January 1987, will be presented to the author(s) of the best article describing work in the field of medical physics carried out wholly or mainly in a Canadian institution and published during the calendar year.

It was with regret that the Foundation received Dr. D. J. Klaassen's resignation as Medical Director for the Saskatchewan Cancer Foundation and Director of the Saskatoon Cancer Clinic effective June 30, 1987. During Dr. Klaassen's seven years with our Program, significant developments were undertaken in research, planning for the new Saskatoon Cancer Clinic, and the Canadian Cancer Society's construction of patient lodges in both Saskatoon and Regina.

The construction of the new cancer clinic in Saskatoon, which commenced March 1986, is proceeding on schedule with occupancy expected in early 1988. Key features of this new 8,578 square metre facility include the provision of four radiotherapy treatment rooms, increased area for chemotherapy and patient examination, and a clinical research laboratory encompassing 980 square meters.

In view of the increasing emphasis on research with this new space, we are particularly pleased the National Cancer Institute of Canada, Terry Fox Regional Development Fund made an award, of $125,000 a year for four years, to the Saskatoon Cancer Clinic Research Unit to be used to provide funding for three research scientists. This award is the result of a joint application from the College of Medicine, University of Saskatchewan and the Saskatchewan Cancer Foundation.

We are impressed with the participation of our staff in a variety of research projects. For the 1986-87 research year, 20 projects were approved at a cost of approximately $500,000.

Finally, I would like to express my appreciation to the Board, Management, Medical Staff, Department Heads, Clinic Staff and the many volunteers for their assistance over the past year. I wish to thank them all and commend them for their efforts and dedication.

P. H. Peters

REPORTS

MEDICAL DIRECTOR

The following report summarizes some of the major medical activities the Foundation was involved with during the year:

Three new members, Dr. D. R. Popkin and Dr. S. Padmanabh of Saskatoon and Dr. K. R. Visvanathan of Estevan, were appointed to the Foundation's Medical Advisory Committee to replace Dr. L. K. Moore and Dr. P. B. D. Colquhoun who had served on this committee for six years and three years, respectively. The Foundation appreciates the assistance these physicians provide in their review and development of medical policies as they relate to the cancer program.

Items addressed by this Committee included the development of a new breast cancer follow-up form; the establishment of a Hydatidiform Mole Registry; surgical consultative services for the clinics; and concerns about the reporting of cytopathology in the province.

The annual cancer symposium, "Current Issues in the Management of Breast Cancer", was held in Regina in June under the sponsorship of the Allan Blair Memorial Clinic. Out-of-province guest speakers, at this well attended event, included Dr. J. Harris of Boston, Mass., Dr. R. Poisson of Montreal, Quebec and Dr. D. Sutherland of Toronto, Ontario who contributed to making this symposium one of the most successful in recent years.

Regina also hosted the Foundation's annual professional retreat for physicians and physicists held in October. Special presentations were given on new imaging modalities, statistics and new approaches to dose calculations by Dr. Barry Davidson (Pasqua Hospital), Dr. Harley Watson (University of Regina) and Dr. Rock Mackie (Allan Blair Memorial Clinic), respectively. Dr. Don Chapman of Edmonton, a member of the Foundation's Research Committee, presented techniques on the "Art of Grantsmanship".

The planning for inpatient oncology units within each of the clinics' parent hospitals continues. The establishment of such units in both hospitals in the next several years is considered to be important in the provision of care to those patients who require hospital admission while receiving treatment.

The continuing education needs of the professionals within the province are well served through our involvement with the Divisions of Continuing Medical and Nursing Education of the Colleges of Medicine and Nursing and through joint arrangements between the Cancer Foundation and the Cancer Society.

This is the last report that I will be making as Medical Director of the Program as I have accepted the position as Director of the Cancer Control Agency of British Columbia. I would like to publicly thank, the Foundation Board, Mr. Peters and his staff, and the staffs of the two clinics for the excellent support and encouragement they have given me as Medical Director. My seven year stay in the Saskatchewan Cancer Program has been a most pleasant, exciting and rewarding time in my life.

D. J. Klaassen

ALLAN BLAIR MEMORIAL CLINIC

ALLAN BLAIR MEMORIAL CLINIC

During the 1986-87 year, the predominant projects at the Allan Blair Memorial Clinic were the recruitment of both Medical and Radiation Oncologists and the planning for renovations to the radiotherapy and physics areas. To date, recruitment efforts have not been successful and the shortage of physicians remains a concern.

Dr. Peter W. Kuan retired December 31, 1986 after having served the Allan Blair Memorial Clinic commendably as a Radiation Oncologist for the past 28 years. Dr. Kuan's service and dedication to the care of cancer patients will be greatly missed.

The Clinic is actively participating in Clinical Trials with the National Cancer Institute of Canada (NCI), the North Central Cancer Treatment Group (NCCTG), the Children's Cancer Study Group (CCSG), and with several drug companies. Dr. M. A. Poon will assume the NCCTG Chairmanship of the Advanced Colorectal protocol from Dr. Klaassen upon his leaving. One of the benefits of our involvement in these clinical trials is that it allows us to place selected patients on treatment protocols which reflect the latest advances in cancer treatment.

In response to patient need, the radiotherapy program at the Allan Blair Memorial Clinic has increased significantly since 1981. With the introduction of new treatment equipment, increased physics research activity and increased staffing, the current space is insufficient and additional space is now required. In this regard, plans for the relocation of Physics Services and renovations to the existing Radiotherapy Department are underway.

The Radiotherapy Technologist Training Program has an enrollment of two first year students and one second year student. The latter student will be eligible to write the certifying examination of the Canadian Association of Medical Radiation Technologists in September, 1987.

The reorganization of Physics Services effective January 1, 1987 saw the establishment of the divisions of Nuclear Medicine Physics and Radiation Oncology Physics. Dr. R. Sloboda was appointed to the newly created position of Head of Nuclear Medicine Physics which has overall responsibility for Physics Services to the Nuclear Medicine Departments of the Pasqua, Plains and General Hospitals. Mr. P. Dickof continues as Chief Medical Physicist and physicist responsible for Radiation Oncology Physics within the Clinic.

Physics Services continues full maintenance support for radiation oncology treatment equipment which includes a Picker C9 Cobalt Unit, a Siemens 4 MeV Linear Accelerator, a Siemens 20 MeV Linear Accelerator, a dual purpose x-ray unit and a Siemens Simulator.

Major changes to the Verify/Record System were made allowing it to be used with both linear accelerators in the Clinic as well as with the linear accelerator in the Saskatoon Cancer Clinic. Computerized Axial Tomography (CAT) based treatment planning for both linear accelerators and the cobalt unit is now available using data from the new CAT scanner at the Pasqua Hospital.

During its first fiscal year of operation, the Lodge accommodated patients and companions for a total of 4,623 days of stay. Diversional acitivities provided for the patients include weekly educational sessions relating to cancer and tours of the city conducted by Cancer Society volunteers.

The Health Record Department has initiated a microfilm program for the storage of inactive charts. An electronic card embrosser to print addressograph cards directly from the Patient Registry has been acquired. The Department participates in the Health Record Technology training program of the Wascana Institute of Applied Arts and Sciences by providing an eight week clinical rotation for students.

ALLAN BLAIR MEMORIAL CLINIC

The Department of Social Work furthered its involvement in Palliative Care planning through the provision of education to professionals and to the community. Bereavement follow-up is an area that has been expanded over the last year and is recognized as being needed for the good mental health of families coping with a loss.

The Cansurmount Volunteer Visiting Program, implemented during the year, provides additional services to the patients and their families. The time and effort, freely contributed by volunteers, is a valuable contribution to the Clinic and is greatly appreciated.

Acknowledgement is made to the Saskatchewan Division of the Canadian Cancer Society for a grant which assists in the provision of the Personal Services Worker program.

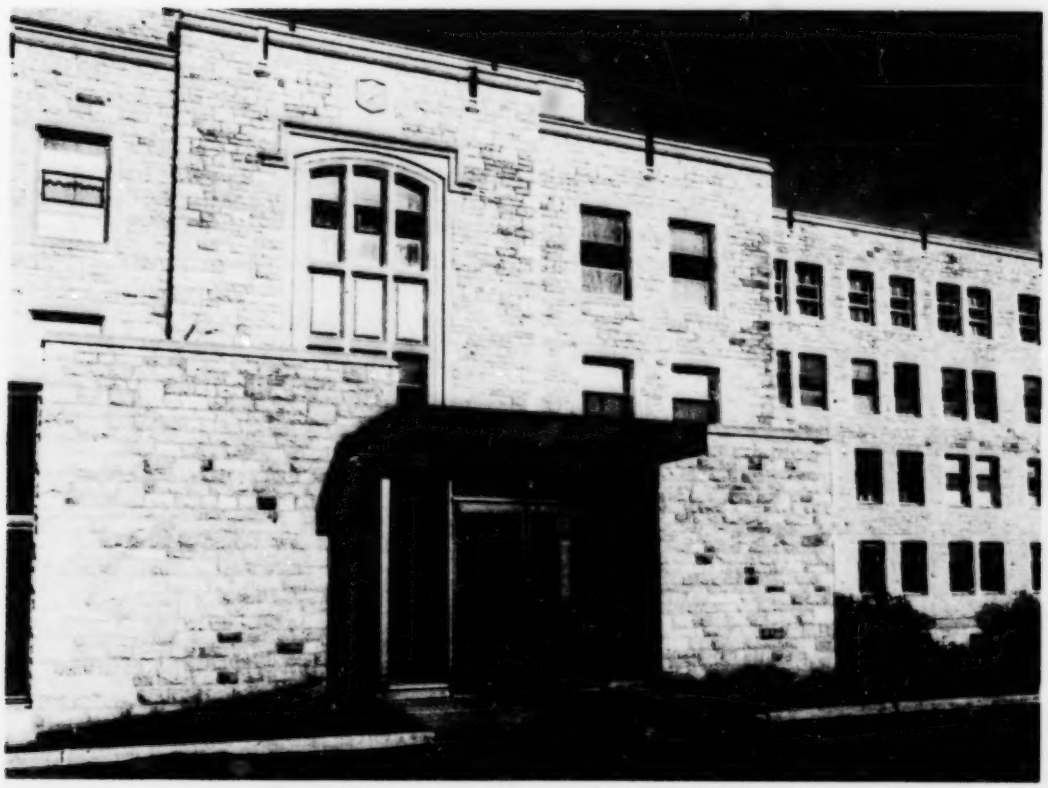
Allan Blair Memorial Clinic Staff

Administration	Dr. H. G. Whiston *— Director* B. I. Karchewski *— Director's Secretary* J. A. Grill *— Business Manager* A. M. Sweet *— Assistant to Business Manager* J. J. Sigurdson *— Business Manager's Secretary*
Medical	H. G. Whiston, M.B., Ch.B., D.M.R.T., F.R.C.P.(C) W. A. Bethune, M.B., B.S., D.A.B.R. G. H. Ewing, M.B., Ch.B., M.R.C.P.(Ed.), F.R.C.P. (C) T. S. Goh, M.B., B.S., F.R.C.P.(C) M. S. Khan, M.B., B.S., D.M.R.T., F.F.R. S. K. Liem, M.D., D.A.B.R., F.R.C.P.(C) M. A. Poon, M.B., F.R.C.P.(C) S. Rayson, M.B., B.S., F.R.C.P.(C) L. J. Rodrigue, M.D., F.R.C.S.(C), D.A.B.S.
Consultants	Pathology D. Dexter, M.R.C. Path., F.R.C.P.(C) J. M. Vetters, M.D., F.R.C.P.(C)., F.R.C. Path
Physicists	P. A. Dickof, M.Sc., M.C.C.P.M. *— Chief Medical Physicist* T. R. Mackie, Ph.D., M.C.C.P.M. M. G. Schmid, B.Sc., M.Sc., M.C.C.P.M. R. S. Sloboda, B.Sc., Ph.D., F.C.C.P.M.

ALLAN BLAIR MEMORIAL CLINIC

Nurses	V. Curtis *— Head Nurse* J. Bartel, G. Burk (Part Time), S. Fraser (Part Time), M. Gautama, B. Kaminski, G. Lefebvre, J. McGown (Part Time), S. McNea, F. Moore
C.N.A.'s and Nurses Aides	V. Blake, D. Cochrane, L. Dobson, R. Gaube, J. Lamotte, I. Streete, H. Yaworski
Porter Attendant	H. Goertz
Health Records	E. Dietrich *— Director* M. Haubrich, M. Johnson (Part Time), D. Kingston, G. Korol, T. Parker, R. Schondelmier, T. Schultz, D. South *— Health Record Technicians* B. Bryksa, E. Hubick, S. Monson (Part Time), A. Nimetz, L. Skrtic *— Health Record Clerks* D. Dunham, H. Lavoy, B. Nordal, S. Rabak, K. Ross, C. Stenzel *— Medical Typists* P. Clow, D. Tendler *— Reception and Admitting*
Social Services	B. Uncles *— Medical Social Worker* B. Butcher, J. Neddow
Physics Support	I. Hardie, J. Hughes, C. Ladyka, J. Lawrence, W. MacDonald
Radiotherapy Technologists	M. Rice *— Chief Technologist* J. Dufay, B. Foote, N. Houweling, D. Irwin, R. Moore, A. Preece-Jenkins, L. Svingen, M. White, H. Whittaker C. Bagu, J. Dornan, A. Heinrich *— Students*
Simulator Technician	L. Goalen (Part Time)
Research Assistants	M. Duke, L. Hutch, J. Hutchinson, R. Morris, A. Snider, A. Winnicki
Patient Lodge	S. Murray *— Lodge Manager* C. Doyle, E. Francis, M. Fries (Part Time), I. Holbrow (Part Time), M. Horning (Part Time), C. Hrynyk, E. Kuzminski

SASKATOON CANCER CLINIC



SASKATOON CANCER CLINIC

Construction of Saskatoon's new cancer treatment and research facility is due to be completed in early 1988. The new building will provide more space for patients and staff, feature advanced equipment for cancer treatment, and help keep Saskatchewan in the forefront of cancer treatment by providing new space for clinical research.

The award from the National Cancer Institute, Terry Fox Regional Development Fund is enthusiastically welcomed and will be a major initial incentive in the establishment of a core research unit in the new clinic. At the time of writing this report, recruitment for a Director of Research was being initiated.

The Department of Medical Oncology sees approximately 13,000 review patient examinations in addition to approximately 1,800 new patients per year. The Department also manages an inpatient service in University Hospital and provides medical oncology consultative services at St. Paul's Hospital and Saskatoon City Hospital. Dr. A. W. Maksymiuk was appointed Head of this Department following the departure of Dr. C. D. Little to Victoria. All members of the Department carry a joint appointment with the College of Medicine and contribute to various undergraduate and post-graduate courses.

Participation in National Cancer Institute of Canada (NCIC) and North Central Cancer Treatment Group (NCCTG) cooperative clinical trials has been maintained as have several pharmaceutical company sponsored trials. Dr. A. W. Maksymiuk has been appointed Chairman of NCCTG's new Small Cell Lung protocol. Continuance of a collaborative project with the Department of Medicine on lung cancer in Saskatchewan farmers has shown interesting results. Laboratory projects in progress are studies of new chemotherapeutic agents and in-vitro characteristics of lymphoma and leukemia cells.

The workload in the Department of Radiation Oncology continues to increase with the patient load being approximately 70 patients per day for two major machines. This Department continues to participate in cooperative group studies, namely, the Radiation Therapy Oncology Group (RTOG), the North Central Cancer Treatment Group (NCCTG), the Children's Cancer Study Group (CCSG) and the Canadian National Cancer Institute (NCI(C)) studies. Dr. D. G. McGowan began a term as Chairman of the NCCTG Radiotherapy Committee in the Fall of 1986.

Physics Services underwent organizational changes with Sylvia Fedoruk's retirement in December 1986. Dr. A. Baillie and Dr. R. Hummel are now Head of Radiation Oncology Physics and Nuclear Medicine Physics, respectively. Dr. W. Reid continues as Chief Medical Physicist.

Physics Services continues to provide full maintenance support for radiation oncology equipment which includes a dual purpose x-ray unit, a 120 kVp x-ray unit, an A.E.C.L. Theratron 80 Cobalt Unit, a Siemens 6 MeV Linear Accelerator, a Siemens 42 MeV Betatron, and an A.E.C.L. Simulator.

The Saskatoon Patient Lodge continues to have a high occupancy rate with accommodation exceeding that of previous years. Patient and companion days totalled 5,321 versus 4,611 in the previous year for an increase of 15.4%. This can be attributed, in large part, to an increasing number of patients staying while on chemotherapy treatments.

The clinic Dietician expanded her role in counselling patients by giving both internal and external presentations on cancer and diet and regularly conducting information sessions with lodge patients.

SASKATOON CANCER CLINIC

The focus of activity for the Department of Social Services has been on improving the accessibility of counselling services within the Clinic. This has resulted in a reduction of services to cancer in-patients of the University Hospital. Two Personal Services Workers, whose salaries are supported through a grant from the Canadian Cancer Society, Saskatchewan Division, provide practical and emotional support to patients and their families attending the clinic.

The support of volunteers, whose invaluable services include transporting patients to test centres, serving refreshments and providing non-professional support, is acknowledged with deep appreciation.

Saskatoon Cancer Clinic Staff

Administration

Dr. D. J. Klaassen
— Director
A. D. Oatway
— Director's Secretary
O. Belovanoff
— Business Manager
M. M. Wood
— Assistant to Business Manager

Medical

D. J. Klaassen, B.A., M.D., F.R.C.P.(C)
G. R. Armitage, M.D., F.R.C.P.(C)
P. K. Joseph, M.B.B.S., D.A.B.R.(T), F.R.C.P.(C)
I. M. MacLennan, M.B., Ch.B., D.A.B.R.(T)
D. G. McGowan, M.B., Ch.B., D.M.R.T., F.R.C.P.(C)
A. W. Maksymiuk, M.D., F.R.C.P.(C)
M. F. Mohamed, M.B.B.S., D.M.R.T., F.R.C.R.
A. Naidoo, M.B., Ch.B.

Part Time

M. Binder, M.D.
R. T. Card, M.D., F.R.C.P.(C)
H. I. Krespin, M.D., F.R.C.P.(C)
S. Padmanabh, M.B.B.S., D.C.P., F.R.C.P.(Ed), F.R.C.P.(C)
D. R. Popkin, B.Sc., M.D., C.M., F.R.C.S.(C), F.A.C.O.G.
D. P. Sheridan, M.D., F.R.C.P.(C)
L. F. Skinnider, M.B., F.R.C.P.(C)

Consultants

Patholology

H. J. Block, F.R.C.P.(C)
H. E. Emson, F.R.C.P.(C)

Diagnostic Radiology

G. Bray, D.M.R.D., F.R.C.P.(C)
C. S. Houston, M.D., F.R.C.P.(C), F.A.C.R.
J. G. Monks, F.C.C.P., B.A.O., D.M.R.D., F.R.C.P.(C)

Physicists

W. B. Reid, B.A., M.A., Ph.D., F.C.C.P.M.
— Chief Medical Physicist
A. D. Baillie, B.Sc., Ph.D., F.C.C.P.M.
R. H. Hummel, B.Sc. (EE) M.Sc., Ph.D., M.C.C.P.M.

SASKATOON CANCER CLINIC

Nurses	S. Cianflone — *Head Nurse*
	C. Bichon (Part Time), E. Farkas, M. Grant, D. Hickie, D. Jahraus, D. Shurvell, V. Stacey, L. Wilson
C.N.A.'s	E. Friesen, M. Orr, N. Pasloski, D. Tatarynovich
Porter	R. Giesbrecht (Part Time), R. Pryor
Health Records	V. Runquist — *Director*
	M. Blatz, D. Burnett, L. Fleming, F. Lowe (Part Time), D. Hoffman, K. Robb, L. Uchacz — *Health Record Technicians*
	D. Buchinski, G. Hartz, B. Heinrichs, G. Marshall, L. Miller, C. Wiebe — *Health Record Clerks*
	D. Dyal, S. Crawford, Y. Leibel — *Reception and Admitting*
	D. Leciuk, S. Boulin, D. Clark, M. Emigh, J. Frechette, L. Lansing, D. Zacharias — *Medical Typists*
Physics Support	R. Berthiaume, K. Damm, J. McConnell, S. Meeklah, R. Penley, B. Piercy
Radiotherapy Technologists	H. Walker — *Chief Technologist*
	N. Carlsen (Part Time), T. Cisecki, S. Coulter, P. Gesiorowski, E. Goretzky, M. Greuel, I. Hudson, K. Jones, K. McDuffe, D. Paisley (Part Time), D. Rapp (Part Time), J. Rudolph (Part Time), K. Stewart
	S. Bauml, N. Denis, C. Pulai, J. Rottenbucher — *Students*
Social Services	E. Skinner — *Medical Social Worker*
	B. Morrall, L. Wright
Dietician	J. Gravel (Part Time)
Research Assistants	D. Dupuis, S. Kereluik, B. Pavelich, K. Swystun
Patient Lodge	M. Kucey — *Lodge Manager*
	V. From (Part Time), B. Gregory, L. Mulligan, G. Nosterud (Part Time), G. Ruder (Part Time), M. Strohan, A. Urscheler

STATISTICAL TABLES

New Cancers by Site, Sex and Age Group — 1986

SITE	Sex	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total
Lip	M									1	4	8	5	6	12	13	5	4	1	59
	F												2	2		1	2	2	1	10
Oral Cavity	M						1		1	1	1	1	2	4	1	5	2	1	2	22
	F							1	1			1	2	1	2	2	5	4	3	22
Pharynx and	M								1	1	2	1	3	4		1	1	1		15
Nasopharynx	F															1	2	1	1	5
Oesophagus	M										1	2		3	4	4	1	4	2	21
	F													1	1	1	1	1	1	6
Stomach	M						1			1	1	1	6	11	10	16	14	7	4	73
	F								1	1	1	1	2	10	3	3	8	8	5	43
Small Intestine	M										2		1		1		1	2		7
	F						1	1								1				3
Colon	M							1	2	1	6	7	15	15	19	36	33	24	18	177
	F							1		2	3	8	13	13	19	17	29	23	23	150
Rectum	M						1	2	2	1	7	3	8	10	18	17	22	8	4	103
	F							1	3		2	3	6	5	13	11	10	9	11	74
Liver, Gall Bladder,	M										1		3	2	3	5	4	3	3	24
Bile Ducts	F										1	2	1	2	2	2	3	7	5	25
Pancreas	M							1		1	1	2	8	6	9	11	8	10	1	58
	F						1					1	3	6	10	10	8	7	5	51
Larynx	M									1			8	10	4		2	2		27
	F									1					2	1				4
Lung	M								1	4	6	16	35	68	66	88	56	25	15	380
	F								2	6	4	10	18	19	24	25	25	10	5	148
Breast	M									2				1						3
	F					1	2	12	22	31	36	36	38	64	55	58	67	21	9	449
Prostate	M									1	2	6	16	40	67	91	91	74	46	434
	F																			
Testis	M	1			3	4	4	1	5	2							1			21
	F																			
Other Male Organs	M				1				1		1	1	1		1	1	1			6
	F																			
Cervix (Invasive)	M																			
	F					1	1	4	2	8	3	1	1	7	2	2		2	2	36
Cervix (In-situ)	M																			
	F					6	16	17	9	4	4	1	1	3	2	1	1	2		67
Uterus	M																			
	F								2	2	3	10	6	14	17	14	9	11	3	91
Ovary	M																			
	F			1		1	3	1	2	1	5	3	16	10	5	7	3	3	2	63
Other Female Organs	M																			
	F								1	1		1				2	2	2	3	12
Other Urinary Organs	M							1		3	4	9	5	14	9	20	9	6	2	82
	F	1			1			1	1		3	3	3	5	4	7	8	2	4	42
Urinary Bladder	M						1	3	1		1	9	15	18	34	21	20	17	15	155
	F						1	1		1		3	6	8	3	11	8	7	6	55
Malignant Melanoma	M						2	4	1	3	4	4	5	4	2	1	4	1		35
(Skin)	F					1	3	2	3	4	3	2	5	3	4	7	2	3	5	47
Skin	M					2	5	7	12	29	26	51	60	94	159	161	149	98	99	952
	F				1	4	6	6	15	14	25	31	58	58	90	106	89	81	116	700
Brain and Nervous	M	3	3	1	1	1	1	4	1	1	1	3	3	5	3	1	6	2		40
System	F		1				1	1	2		1	1	1	2	3	2	1		1	17
Thyroid	M					1		4	2		1	1	1	1						8
	F				1	3		5	4		4	2	4	3				1		27
Bone and	M		2				1	1								1				5
Cartilage	F				1											1				2
Soft Tissue	M						1	4	1		1			1		1	1		1	11
	F	1		1							1	1			1		1	2	2	10
Hodgkin's Disease	M			1	2	2	1	2		1	1	1		1			1			13
	F				5	3	1	1					2			1				13
Lymphoid Tissue	M			1				1	1	1	5	6	7	5	10	9	10	5	6	67
	F			1		3	1	1	2	2	4	6	8	6	10	9	6	5	6	70
Leukemia	M	4	2		2	2	1		2	2	4	2	2	9	11	8	16	5	6	78
	F		1		1		1			3	1	1	2	7	6	3	3	4	6	39
Multiple Myeloma	M									1		2	2	1	3	3	6	3		21
	F												1	2	8	4	2	4		21
Miscellaneous	M	2			2	1			1		1	1	2	4	3	2	3		1	23
	F							1			1	3	5	1	3	1	1	1	1	18
Primary Unknown	M												3			3	4	1		11
	F								1					1	1	2	1	2	3	11
Secondary	M								1	3	1	4	3	7	6	8	10	3	2	48
	F									2			3	2	5	10	3	6	1	37
In-Situ Cancers	M							1				4	8	5	15	15	20	4	9	81
	F						1		3	6	5	8	7	7	9	16	13	13	14	102
Total — All Sites	M	10	7	3	11	13	20	34	37	61	85	145	227	349	470	542	501	312	238	3 065
	F	2	2	3	10	23	39	56	76	90	107	139	214	262	304	339	313	244	272	2 495
Total		12	9	6	21	36	59	90	113	151	192	284	441	611	774	881	814	556	510	5 560

STATISTICAL TABLES

Incidence of Cancer Per 100,000 Population — 1986

Site	Total Population (1) 1986		Population at Risk (2) 1986	
	Male	Female	Male	Female
Lip	11.3	1.9	28.0	4.5
Oral Cavity	4.2	4.2	10.4	10.0
Pharynx and Nasopharynx	2.9	1.0	7.1	2.3
Oesophagus	4.0	1.2	9.9	2.7
Stomach	14.0	8.3	34.6	19.5
Small Intestine	1.3	0.6	3.3	1.4
Colon	33.8	29.0	83.9	67.9
Rectum	19.7	15.2	48.8	35.7
Liver, Gall Bladder, Bile Ducts	4.6	4.8	11.4	11.3
Pancreas	11.1	9.8	27.5	23.1
Larynx	5.2	0.8	12.8	1.8
Lung	73.2	28.6	181.4	67.0
Breast	0.6	90.5	1.4	212.2
Prostate	82.9	0.0	205.6	0.0
Testis*	4.0	0.0	5.3	0.0
Other Male Organs	1.5	0.0	3.8	0.0
Cervix (Invasive)†	0.0	6.9	0.0	10.1
Cervix (In-Situ)†	0.0	12.9	0.0	18.8
Uterus	0.0	17.6	0.0	41.2
Ovary	0.0	12.2	0.0	28.5
Other Female Organs	0.0	2.3	0.0	5.4
Other Urinary Organs	15.7	8.1	38.8	19.0
Urinary Bladder	29.6	10.6	73.4	24.9
Malignant Melanoma (Skin)	6.7	9.1	16.6	21.3
Skin	181.9	135.1	451.0	316.7
Brain and Nervous System	7.6	3.3	18.9	7.7
Thyroid	1.5	5.2	3.8	12.2
Bone and Cartilage	1.0	0.4	2.4	0.9
Soft Tissue	2.1	1.9	5.2	4.5
Hodgkin's Disease*	2.5	2.5	3.3	3.3
Lymphoid Tissue	12.8	13.5	31.7	31.7
Leukemia	14.9	7.5	37.0	17.6
Multiple Myeloma	4.0	4.1	9.9	9.5
Miscellaneous	4.4	3.5	10.9	8.1
Primary Unknown	2.1	2.1	5.2	5.0
Secondary Site	9.2	7.1	22.7	16.7
In-situ Cancers	15.5	19.7	38.4	46.2
Total — All Sites	585.8	481.6	1,452.0	1,129.0
Total — All Sites — Both Sexes	533.9		1,286.8	

Note: (1) Population Statistics, 1986 based on Saskatchewan Health Covered Population, 1986.

(2) Population at Risk is 35 years of age and older, except for: * 15 years of age and older, † 20 years of age and older.

STATISTICAL TABLES

Number of New Cases Admitted and Patient Examinations by Patient Type and Clinic 1985 and 1986

Patient Type	Allan Blair Memorial Clinic Regina		Saskatoon Cancer Clinic		Total Both Clinics	
	1985	1986	1985	1986	1985	1986
New Cases						
Malignant	2,654	2,769	2,840	2,926	5,494	5,695
Benign	308	275	125	143	433	418
Still Under Investigation	0	0	28	0	28	0
Total	2,962	3,044	2,993	3,069	5,955	6,113
Cases Reviewed						
Follow Up at Clinic	13,165	15,194	12,160	13,482	25,325	28,676
Follow Up Elsewhere	17,218	16,498	19,210	20,423	36,428	36,921
Total	30,383	31,692	31,370	33,905	61,753	65,597
Grand Total	33,345	34,736	34,363	36,974	67,708	71,710

An analysis of the distribution of new cancers diagnosed in 1986 by cancer site, sex, and age group is included on page 20 of this report. These distributions are based on date of diagnosis and do not include neoplasms of uncertain behavior which are counted as benign in the above table.

Number of Patients Treated by Radiation 1985 and 1986

Type of Radiation Treatment	Allan Blair Memorial Clinic Regina		Saskatoon Cancer Clinic		Total Both Clinics	
	1985	1986	1985	1986	1985	1986
Betatron			136	140	136	140
Linear Accelerator	431	672	276	397	707	1,069
Cobalt	503	157	494	551	997	708
X-ray	125	134	59	27	184	161
Interstitial and Intracavitary	27	18	25	19	52	37
Gold Grains	3	1	—	—	3	1
Beta-ray	—	—	—	3	—	3
Other (P32; I131)	3	18	28	22	31	40
Total	1,092	1,000	1,018	1,159	2,110	2,159

FINANCIAL STATEMENTS

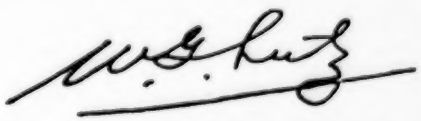
Year Ended March 31, 1987

AUDITOR'S REPORT

To the Members of the Legislative Assembly
Province of Saskatchewan

I have examined the balance sheet of the Saskatchewan Cancer Foundation as at March 31, 1987 and the statements of revenue and expenditure and fund balance for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Saskatchewan Cancer Foundation as at March 31, 1987 and the results of its operations and changes in financial position for the year then ended in accordance with the accounting principles disclosed in Note 2 to the financial statements applied on a basis consistent with that of the preceding year.



Regina, Saskatchewan
August 14, 1987.

W. G. Lutz, F.C.A.
Provincial Auditor.

FINANCIAL STATEMENTS

Year Ended March 31, 1987

SASKATCHEWAN CANCER FOUNDATION
BALANCE SHEET

As at March 31

Statement 1

	1987						1986
	General Fund	Major Equipment Grant Fund	Saskatoon Clinic Construction Fund	Research Fund	Trust Fund	Total	Total
Assets							
Current:							
Cash and short-term investments	$ 4,164,052	$ –	$ –	$ 440,363	$ 909,370	$ 5,513,785	$ 3,657,343
Accounts receivable:							
– Department of Health	444,356	–	–	–	–	444,356	896,028
– Other and accrued interest	87,489	–	–	15,330	17,467	120,286	129,268
Prepaid expenses	28,138	–	–	1,079	–	29,217	38,796
	4,724,035	–	–	456,772	926,837	6,107,644	4,721,435
Fixed Assets (Note 4)	16,727,810	–	–	138,898	–	16,866,708	7,947,237
	$ 21,451,845	$ –	$ –	$ 595,670	$ 926,837	$ 22,974,352	$ 12,668,672
Liabilities and Equity							
Liabilities:							
Accounts payable:							
– Trade	$ 1,092,303	$ –	$ –	$ 6,147	$ 9,440	$ 1,107,890	$ 1,123,255
– Construction of Saskatoon Cancer Clinic	–	–	3,109,618	–	–	3,109,618	–
Deferred revenue	5,245	–	–	–	–	5,245	4,645
Due to (from) other funds	2,727,008	(1,437,714)	(1,289,492)	198	–	–	–
	3,824,556	(1,437,714)	1,820,126	6,345	9,440	4,222,753	1,127,900
Equity:							
Fund balance (Statement 3)	17,627,289	1,437,714	(1,820,126)	589,325	917,397	18,751,599	11,540,772
	$ 21,451,845	$ –	$ –	$ 595,670	$ 926,837	$ 22,974,352	$ 12,668,672

(See accompanying notes to the financial statements)

FINANCIAL STATEMENTS

Year Ended March 31, 1987

Statement 2

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF REVENUE AND EXPENDITURE

Year Ended March 31

	1987						1986
	General Fund	Major Equipment Grant Fund	Saskatoon Clinic Construction Fund	Research Fund	Trust Fund	Total	Total
Revenue:							
Grants – Department of Health	$ 15,852,500	$ 1,000,000	$ –	$ 358,750	$ –	$ 17,211,250	$ 16,360,080
– Saskatoon Clinic construction (Note 7)	–	–	6,667,113	–	–	6,667,113	1,668,652
– Other	78,020	–	–	45,812	–	123,832	141,312
Donations and Bequests	–	–	–	–	139,094	139,094	129,124
Investment income	210,139	73,352	29,471	45,336	75,792	434,090	441,160
Other income	247,439	–	–	–	–	247,439	186,826
	16,388,098	1,073,352	6,696,584	449,898	214,886	24,822,818	18,927,154
Expenditures:							
Clinics and general administration							
Salaries and employee benefits	7,028,559					7,028,559	6,960,675
Medical services	4,703,646					4,703,646	4,432,750
Drugs and medical supplies	2,059,481					2,059,481	1,502,969
Purchased services							
– laboratory services	304,257					304,257	285,524
– diagnostic radiology	458,743					458,743	437,818
– isotope services	193,230					193,230	144,688
– operating room services	56,914					56,914	49,873
Computer services	160,740					160,740	157,178
Consultant fees	1,295					1,295	31,059
Building, equipment and leasehold alterations	171,857		9,650,773		7,644	9,830,274	2,228,812
Postage, printing and stationery	103,851				1,080	104,931	113,146
Repairs and maintenance of equipment	95,337					95,337	42,141
Telephone	89,016					89,016	81,564
Travel and staff development	110,094				2,474	112,568	102,938
Other expenditures	385,285				20,605	405,890	421,948
Patient lodges (Note 8)							
Salaries and employee benefits	284,587					284,587	253,368
Other lodge operating costs	171,253					171,253	146,372
Grants:							
Research grants (Schedule 1)				433,851		433,851	446,850
Trust Fund grants					36,890	36,890	36,610
	16,378,145		9,650,773	433,851	68,693	26,531,462	17,876,283
Excess of revenue over expenditures (expenditures over revenue) – to Statement 3	$ 9,953	$ 1,073,352	$ (2,954,189)	$ 16,047	$ 146,193	$ (1,708,644)	$ 1,050,871

(See accompanying notes to the financial statements)

FINANCIAL STATEMENTS

Year Ended March 31, 1987

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF FUND BALANCE

Year Ended March 31

Statement 3

	1987						1986
	General Fund	Major Equipment Grant Fund	Saskatoon Clinic Construction Fund	Research Fund	Trust Fund	Total	Total
Accumulated surplus:							
Balance, beginning of year	$ 889,526	$ 364,362	$ 1,134,063	$ 434,380	$ 771,204	$ 3,593,535	$ 2,545,144
Add (deduct):							
Excess of revenue over expenditures (expenditures over revenue) (Statement 2)	9,953	1,073,352	(2,954,189)	16,047	146,193	(1,708,644)	1,050,871
	899,479	1,437,714	(1,820,126)	450,427	917,397	1,884,891	3,596,015
Deduct:							
Final settlement recovery – previous year	–	–	–	–	–	–	(2,480)
Balance, end of year	899,479	1,437,714	(1,820,126)	450,427	917,397	1,884,891	3,593,535
Equity in fixed assets:							
Balance, beginning of year	7,800,743	–	–	146,494	–	7,947,237	4,698,781
Add:							
Fixed assets purchased by:							
– General Fund – net of disposals	170,957	–	–	–	–	170,957	165,855
– Major Equipment Grant Fund	–	–	–	–	–	–	1,508,971
– Saskatoon Clinic Construction Fund	9,650,773	–	–	–	–	9,650,773	551,753
– Research Fund (Note 5)	–	–	–	22,947	–	22,947	23,399
– Trust Fund	7,644	–	–	–	–	7,644	5,691
Fixed assets donated (Note 8)	2,709	–	–	–	–	2,709	1,848,392
	17,632,826	–	–	169,441	–	17,802,267	8,802,842
Deduct:							
Provision for depreciation	(905,016)	–	–	(30,543)	–	(935,559)	(855,605)
Balance, end of year	16,727,810	–	–	138,898	–	16,866,708	7,947,237
Fund balance, end of year – to Statement 1	$ 17,627,289	$ 1,437,714	$ (1,820,126)	$ 589,325	$ 917,397	$ 18,751,599	$ 11,540,772

(See accompanying notes to the financial statements)

FINANCIAL STATEMENTS

Year Ended March 31, 1987

SASKATCHEWAN CANCER FOUNDATION
NOTES TO THE FINANCIAL STATEMENTS

March 31, 1987

1. **Legal Status of the Saskatchewan Cancer Foundation**

   The Foundation was created under provisions of The Saskatchewan Cancer Foundation Act, 1979 and commenced operations on August 1, 1979.

   Under Section 38(1) of the Act, the Foundation acquired ownership of the assets and rights and assumed responsibility for the debts, liabilities, and obligations of the Government of Saskatchewan and the Saskatchewan Cancer Commission relating to the operation of the clinics in Regina and Saskatoon under The Cancer Control Act.

2. **Significant Accounting Policies**

   a) **Fixed Assets and Depreciation**

   The Saskatchewan Cancer Foundation utilizes fund accounting wherein all revenues and expenditures including those for fixed assets appear in the statement of revenue and expenditure. To maintain accountability for fixed assets, it is necessary to record them as assets with a corresponding entry to "equity in fixed assets". All fixed assets costing $100 or more are recorded in this manner.

   Fixed assets purchased through the Major Equipment Grant Fund, the Saskatoon Clinic Construction Fund and the Trust Fund are presented as assets of the General Fund. These acquisitions are not included in the fixed asset expenditures of the General Fund but are recorded as expenditures in the Fund to which they apply. Assets purchased by the Research Fund are recorded as assets of that Fund. Donated assets are recorded at their estimated cost in the General Fund as a credit to "equity in fixed assets".

   Fixed assets of the Foundation are depreciated on a straight-line basis over their estimated useful lives at rates ranging from 5% to 20% per annum.

   As the acquisition of fixed assets is primarily financed by government grants, a provision for depreciation is not charged to operations but is charged to "equity in fixed assets" to reflect the decrease in the undepreciated cost of the fixed assets.

   b) **Grant Revenue and Final Settlement Adjustments**

   Grant revenue from the Department of Health is recorded on the accrual basis exclusive of any adjustments that may be determined by the Department of Health during its final settlement review subsequent to the current fiscal year.

   In accordance with the funding policy of the Department, any operating surplus, exclusive of donations and investment income, is repayable to the Department after the final settlement review is complete. A deficit on operations is the responsibility of the Foundation unless a prior commitment for reimbursement has been recognized by the Department.

   Any surplus repayable or deficit recoverable are recorded in the year the final settlement review is completed as an adjustment to accumulated surplus.

   c) **Research Grants**

   Research grants awarded by the Foundation to aid in funding approved research projects are charged to expenditure in the year in which costs are incurred on the projects.

d) **Donations**

All donations are treated as revenue of the Trust Fund, which has specifically been established to administer such revenue and related expenditures.

Certain contributions to the Trust Fund are designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Foundation maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized (See Note 3).

e) **Investment Income — Major Equipment Grant Fund and Saskatoon Clinic Construction Fund**

Unexpended monies of the Major Equipment Grant Fund and of the Saskatoon Clinic Construction Fund held in the General Fund, are invested in short-term securities. The interest derived from these investments is credited to the relevant fund.

3. **Restricted Trust Funds**

At March 31, 1987, a balance of $270,821 ($192,645 at March 31, 1986) remained to be used for the purposes designated by the contributors.

4. **Fixed Assets**

	1987			1986
	Cost	Accumulated Depreciation	Net Book Value	Net Book Value
a) **General Fund**				
Land and improvements	$ 285,002	$ 1,664	$ 283,338	$ 283,777
Buildings	2,860,849	335,016	2,525,833	2,668,876
Asset under construction	10,357,591	—	10,357,591	775,176
Leasehold alterations	568,611	165,840	402,771	413,764
Equipment and furniture	7,036,749	3,878,472	3,158,277	3,659,150
	$ 21,108,802	$ 4,380,992	$ 16,727,810	$ 7,800,743
b) **Research Fund**				
Equipment and furniture	$ 253,491	$ 114,593	$ 138,898	$ 146,494

5. **Research Fund**

The Department of Health has provided grants to enable the Foundation to support a number of research projects. The Department has attached the following guidelines to the grants:

a) expenditure of grant funds will be at the discretion of the Foundation. The Foundation will assume responsibility for research costs in excess of the amount granted;

b) research funds, including investment income on the funds, will be kept separate from other funds of the Foundation.

The Foundation has met these guidelines by establishing the Research Fund, separate from other funds of the Foundation, from which research grants are made.

Included in Research Grants are expenditures totalling $22,947 (1986 — $23,399) for fixed assets required for certain research projects. Ownership of these assets is retained by the Foundation.

At March 31, 1987, the Research Fund was committed to expenditures totalling $292,821 ($285,482 at March 31, 1986), being the unexpended portion of approved research project awards.

6. **Major Equipment Grant Fund**

The Department of Health has advised the Foundation of its intention to provide grant funds totalling $5,000,000 for the acquisition of certain major equipment in the period 1983 to 1988. These grant funds are to be paid in semi-annual installments of $500,000 commencing July 1, 1983. The funds are to be accounted for separately from other equipment grants made through the regular budgetary process thereby permitting any unexpended funds from a preceding year to be carried forward.

At March 31, 1987, there was $2,122,654 of outstanding orders (1986 — $0) for major equipment.

7. **Saskatoon Clinic Construction Fund and Saskatchewan Property Management Corporation**

Similar to the Major Equipment Fund, the funds for the Saskatoon Clinic Construction are to be accounted for separately from other funding made through the regular budgetary process.

Funding for capital projects is arranged through an agreement with the Saskatchewan Property Management Corporation (SPMC) and the Province of Saskatchewan. Under the terms of the agreement, the repayment requirements of the obligation and the interest rate applicable to the funding received are determined from time to time by the Minister of Finance. The agreement states that the obligation of the Saskatchewan Cancer Foundation (SCF) is limited to an amount equal to the funds received from the Province for this repayment purpose and also provides for the repayment of these funds by the Province directly to SPMC on behalf of the SCF. Due to the nature of this arrangement, no liability is recorded in the financial statements of the SCF. Loan proceeds from SPMC are recorded as capital grants in the year in which they are received.

The balance of loans outstanding including accrued interest with respect to this financing arrangement at March 31, 1987 was $8,708,474 (March 31, 1986 — $1,700,000).

As at March 31, 1987, commitments towards the construction of the facility totalled approximately five million dollars (1986 — $13,039,801).

8. **Cancer Patient Lodges**

The Canadian Cancer Society, Saskatchewan Division, has donated two cancer patient lodges in the province to the Foundation. Under the terms of the agreement with the Society, the Foundation has assumed responsibility for the operations of these lodges. Title to these properties will remain with the Foundation so long as they are operated as cancer patient lodges.

Title to the property for the 28 bed fully equipped lodge in Saskatoon was transferred to the Foundation in 1983-84. The estimated cost of this lodge's land, building and equipment is $1,443,333.

The 28 bed fully equipped lodge in Regina was donated in 1985-86, with the final agreement and transfer of title occurring in April, 1986. The estimated cost of this lodge's land, building and equipment is $1,848,392.

In accordance with the accounting policy of the Foundation, the above lodges are recorded in these financial statements as "Fixed Assets" and "Equity in Fixed Assets."

FINANCIAL STATEMENTS

Year Ended March 31, 1987

9. **Related Party Transactions**

Included in these financial statements are expense amounts resulting from transactions conducted with the hospitals in which the cancer clinics are located. Account balances resulting from these transactions are included in the statement of financial position and are settled on normal trade terms.

In addition, in accordance with signed agreements with the hospitals in which the cancer clinics are located, the Foundation has not been charged with occupancy costs relating to the clinics, but leases the clinics for $1 each per year.

10. **Comparative Financial Information**

Certain comparative figures have been reclassified in order to conform with the current year's presentation.

Schedule 1

SASKATCHEWAN CANCER FOUNDATION
RESEARCH FUND
SCHEDULE OF RESEARCH GRANTS

Year Ended March 31

	1987	1986
Participation in North Central Cancer Treatment Group, Regina and Saskatoon	$ 72,809	$ 61,907
Human Tumor Stem Cell Assay, Saskatoon	–	55,509
Optical Patient Contour Measurement Project, Saskatoon	–	1,153
Extension of Treatment Planning Function, Regina	30,533	17,787
Lung Cancer and Farming Study, Saskatoon	28,455	53,150
Chemotherapeutic Agents in Patients, Saskatoon	4,059	6,776
Radiotherapy Automation Project, Regina	33,569	36,421
Participation in Children's Cancer Study Group, Saskatoon and Regina	49,057	59,083
Cellular Oncogenes in Human Lung Cancer, Saskatoon	–	10,141
Participation in Radiation Therapy Oncology Group, Saskatoon	32,975	28,342
Leukemias and Non-Hodgkin's Lymphomas, Saskatoon	22,389	27,757
Review of Treatment Results, Regina	22,460	26,992
Skin Cancer in Saskatchewan, Saskatoon	1,380	4,815
Dynamic Cardiac Phantom, Regina	41	–
Breast Cancer Project, Saskatoon	–	2,256
Radiation Area Surveillance System, Saskatoon	361	5,966
Digital Imaging Techniques, Saskatoon	651	11,175
Dose Calculation, Regina	30,530	26,937
Flow Cytometer/Cell Sorter, Saskatoon	11,828	6,373
Digital Imaging of Megavoltage Photon Beams, Saskatoon	6,126	2,898
Evaluation of In Vitro Chemosensitivity, Regina	42,550	1,412
Workshop on Convolution Methods, Regina	11,060	–
Software Infrastructure Development, Saskatoon	24,637	–
Dietician Participation in North Central Cancer Treatment Group, Saskatoon	4,019	–
Cancer in Saskatchewan – A Statistical Evaluation, Regina	4,362	–
	$ 433,851	$ 446,850

RESEARCH PROJECTS

PARTICIPATION IN THE NORTH CENTRAL CANCER TREATMENT GROUP

Klaassen, D. J. and Poon, M. A. in collaboration with the medical staff of the Saskatoon Cancer Clinic, Saskatoon and the Allan Blair Memorial Clinic, Regina.

Enthusiasm for the group continues to be high and patient entry remains good. According to the Operations Office, the quality of submitted data ramains excellent.

Since the first patient was entered from Saskatchewan in February of 1983, a total of 223 patients have participated on NCCTG or ECOG protocols. 94 patients were on active follow-up on the 31st of May, 1987. For the year June 1, 1986 to May 31, 1987, 57 patients were entered on active treatment protocols and 40 patients on cancer control studies.

Both clinics were well represented at the Fall 1986 and the Spring 1987 meetings. Dr. Maksymiuk is NCCTG Chairman for a new Small Cell Lung protocol and Dr. Poon will assume NCCTG Chairmanship of the Advanced Colorectal protocol from Dr. Klaassen. Dr. McGowan began a term as Chairman of the Radiotherapy Committee in the Fall of 1986.

NCCTG protocols take in a wide variety of disease sites and in the future will encompass more symptom control and early detection issues. Their protocols will continue to form an excellent basis for clinical trials within the cancer program.

ENHANCEMENT OF TREATMENT PLANNING FUNCTION

Dickof, P. A. and Winnicki, A.

In the past year, the treatment planning system written under the aegis of this project was put into clinical use in the Allan Blair Memorial Clinic. Work on the display of simulator images has progressed, and a storage and enhancement facility for these images is now in clinical use. Work continues on the display of isodoses together with these images, and on a three dimensional display of patient contours and treatment parameters.

SASKATCHEWAN LUNG CANCER AND FARMING COLLABORATIVE STUDY

Klaassen, D. J., Dosman, J. A., McDuffie, H. H.

The Saskatchewan Lung Cancer and Farming Collaborative Study was designed to study host and environmental factors which, in conjunction with cigarette smoking, are important in the etiology of primary lung cancer. One of our important objectives was to investigate the relationship of farming and farm practices, especially the use of pesticides, and the development of this disease. We developed four lines of evidence. First, among male lifetime nonsmokers who developed primary lung cancer, there was a significantly greater than expected percentage (73%) of farmers. Among the current and exsmoking patients, there was no difference in the prevalence of farmers.

Second, we investigated a subset of male patients with primary lung cancer who were matched to their closest in age brothers. There was no difference in the prevalence of farmers between the two groups and patients had higher mean pack years ($40.0 + 2.2$ vs $36.9 + 2.4$). However, significantly more patients were exposed to grain dust ($p < .015$), diesel fumes ($p < .005$)and herbicides ($p = .05$). In addition, patients were consistently exposed to greater numbers of chemicals than were their control siblings ($p < .005$).

Third, we compared the profile of 730 male patients with primary lung cancer to that of 768 randomly selected control subjects. Patients pack years were higher than that of control subjects ($p < .001$). We inquired about the use of several classes of agricultural chemicals, exposures to diesel fumes and welding gases as well as other chemicals and processes which are known or suspected carcinogens or are potentially damaging to the lung. Patients were more frequently exposed to fungicides ($p = .02$), grains ($p = .02$) and to have worked in a mine ($p = .02$).

Fourth, we found that in male patients with primary lung cancer, there was a lack of correlation of tumor cell type, occupational exposures to specified substances and cigarette pack years.

The Centre for Agricultural Medicine and the Saskatchewan Cancer Foundation sponsored a mini-symposium on cancer in rural areas in October, 1986, attended by national and international experts.

PHARMACOLOGICAL STUDIES OF CHEMOTHERAPEUTIC AGENTS IN CANCER PATIENTS

Maksymiuk, A. W.

With continued support of a research grant, methods have been developed to assay serum and urine samples for the anthracycline analogs epirubicin and mitoxantrone using HPLC techniques.

Pharmacological studies are carried out in conjunction with protocols for intra-arterial treatment of neoplasms localized to the liver and dose intensification treatment of advanced breast cancer. The studies are designed to determine the various pharmacokinetic parameters associated with administration of these agents as well as assess the efficacy and toxicity of such treatments.

PARTICIPATION IN THE RADIATION THERAPY ONCOLOGY GROUP

McGowan, D. G. and Staff, Radiation Oncology Department, Saskatoon Cancer Clinic

The Saskatoon Cancer Clinic has affiliate status with this group. As a result, the Department has access to treatment protocols in Radiation Therapy which are designed to answer important questions in the treatment of malignancy. The staff of the clinic have membership on some committees of the group and, in addition, are co-chairmen of studies. The Saskatchewan Cancer Foundation provides funding for this activity which supports a Data Manager/Radiation Oncology Nurse, as well as travel costs involved in attending the semi-annual meetings.

CELL SURFACE MARKER AND COLONY CULTURE STUDY OF LEUKEMIAS AND LYMPHOMAS

Skinnider, L. F. and Maksymiuk, A. W.

The clearer identification of the cell type of the various malignancies has been greatly improved with the use of monoclonal antibodies raised against specific antigens in the leukemic and lymphomatous cells. This assists in choosing the optimal therapy for the patient. All leukemias and most lymphomas are now being typed using this methodology and in addition the growth behaviour of the cells in semi-solid media under different culture conditions is being evaluated. Correlation of the growth behaviour with the clinical course is being carried out.

RESEARCH PROJECTS

RADIOTHERAPY AUTOMATION PROJECT

Schmid, M. G.

The Radiotherapy Automation Project is an ongoing project that was established a number of years ago. The aim of the project is to develop new devices that could be used to automate some aspects of providing radiotherapy treatments to cancer patients. During the past few years, this project has resulted in the development of a number of new devices which are now in everyday clinical use.

Over the course of the past year, a large effort has gone into studying the properties of an imaging device that could be used to form images using high energy photons as the source. Such a device would ultimaely be used to monitor patient position during radiotherapy treatments.

Construction of a new water phantom controller is now underway. This new controller will allow much of the process of commissioning a new linear accelerator to be automated. It will also greatly simplify a number of routine dosimetry measurements made at the Allan Blair Memorial Clinic.

Other smaller scale projects have included the development of an interactive image enhancement station and a general purpose microprocessor based control system.

RETROSPECTIVE ANALYSIS OF TREATMENT RESULTS AT THE ALLAN BLAIR MEMORIAL CLINIC

Bethune, W. A., Ewing, G. H., Liem, S. K., and Poon, M. A.

Results of the studies in cancer of the rectum and larynx have been previously reported.

Both the cancer of the bladder and Hodgkin's Disease studies have been entered on the Saskatchewan Cancer Foundation's VAX 11/785 computer, and the results are currently being statistically analysed by Dr. H. Weston and Dr. A. Law of the University of Regina.

RADIATION AREA SURVEILLANCE SYSTEM

Reid, W. B. and Hummel, R. H.

Prototype hardware required for the overall system has been tested and is in place. Off-the-shelf components acquired and tested include a clock calendar and multi-channel analyzer boards. Some progress has been made in software development and this will be a large part of our immediate effort. We plan to switch to scintillation detectors which have a much longer life than geiger tubes, although nominally they are more fragile.

APPLICATION OF DIGITAL IMAGING TECHNIQUES

Ago, C. T. and Baillie, A. D.

In this project, a software package has been developed to utilize image-handling apparatus installed in the clinic. This allows capture, storage and enhancement of images for a number of sources. It is intended to examine the ability of this system to impact on the radiation oncologist's practice. The areas to be initially examined are concerned with the enhancement of beam portal films, which are of inherently low contrast, and with the improvement of images captured from the simulator fluoroscopy chain.

RESEARCH PROJECTS

FLOW CYTOMETER/CELL SORTER FACILITY

Warrington, R.C.

Funds provided by this project are used to pay part of the salary of the devoted-operator of the University of Saskatchewan flow cytometer/cell sorter facility. This facility is based upon a sophisticated research instrument, the EPICS V from Coulter Electronics, which permits innumerable cellular-studies of relevance to a wide range of medical-sciences investigators. The facility provides an essential service to University of Saskatchewan health researchers, in general, and to its cancer researchers, in particular. The instrument is used by ten health science researchers in the College of Medicine and is used in the typing of all pediatric leukemias in the province of Saskatchewan.

The facility is used by cancer researchers whose projects vary considerably. Drs. Hickie and Warrington, for example, are investigating new modalities of cancer chemotherapy, while Dr. Dimmock is producing new antineoplastic agents. Dr. Skinnider employs clinical material in studies of directly applied cancer research. In contrast, the projects of Drs. Qualtiere and Carlsen are somewhat more basic in nature. This diversity notwithstanding, the focal point of all of the projects is ultimately directed at improved management and/or detection of human cancer.

DIGITAL IMAGING OF MEGAVOLTAGE PHOTON BEAMS

Hummel, R. H. and Baillie, A. D.

The aim of this project is to develop an apparatus which will acquire an image of the radiation beam transmitted through a patient during a radiotherapy treatment. This image may be used to evaluate the accuracy of treatment. The apparatus will display the image interactively on a CRT.

The proposed design is a multi-cell, two-dimensional ionization chamber. A number of small prototypes have been examined, and considerable effort has gone into the development of electronics to detect the very small ionization charges produced by individual linear accelerator pulses. It is now intended to manufacture a prototype to test the general concepts and evaluate the capabilities of the design.

SOFTWARE INFRASTRUCTURE DEVELOPMENT

Baillie, A. D.

The purpose of this project is to develop software standards to meet the needs of physics services and clinical care. It was designed to foster a unified approach to software development carried out in both clinics and to provide a firm basis for future development. To meet these aims, guidelines have been prepared for software documentation; a common structure for file storage has been developed for both physics computers; libraries of utility subprograms have been developed which are common to both clinics; techniques have been employed for maintaining this uniformity; most of the routine clinical care programs have been modified to meet the programming standards. This project is essentially completed.

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POLICIES

POLICIES GOVERNING ADMISSION TO THE CANCER CONTROL PROGRAM AND PAYMENT OF SERVICES

CANCER CLINIC REFERRAL

Any person who has cancer (or allied disease defined as precancerous or premalignant conditions, carcinoma-in-situ, and certain conditions which antedate cancer), or is suspected of having such, may be referred by a doctor and an appointment requested by telephone, letter or referral form (available from the Clinics). Persons referred to the Clinics, who have been resident in the Province of Saskatchewan for 3 months, are eligible for admission to the cancer program. Wherever possible, in order to substantiate the diagnosis of cancer, it is recommended routine diagnostic evaluation be done by the family physicians or through referral to appropriate specialists prior to being referred to the Cancer Clinics.

INVESTIGATIVE SERVICES

Investigative services carried out, or authorized by the clinics, may include full history and physical examination; diagnostic radiologic services; diagnostic laboratory and pathologic services; radioisotopic procedures; specialty consultations; authorized diagnostic or exploratory surgery performed by suitably qualified and approved medical practitioners in private practice. Fees for such authorized services are a responsibility of the Cancer Foundation.

If a diagnosis of cancer is not substantiated, the patient is discharged from the clinic and referred back to his attending physician. He is **no longer** the financial responsibility of the Cancer Foundation.

PRE-ADMISSION DIAGNOSTIC PROCEDURES LEADING TO A DIAGNOSIS OF CANCER

Payment may be authorized for the following diagnostic procedures carried out by a medical practitioner prior to referral and admission of the patient to the Cancer Control Program, if the findings **are positive,** and the patient is **referred** and admitted to a cancer clinic **within 14 days:**

Biopsy of skin including lip

Lymph node biopsies

Fine needle biopsy or aspirate cytology

Simple biopsy of cervix

Cone biopsy of cervix performed by a qualified surgeon

Dilation and curettage

Prostatic biopsies

Endoscopy (Esophagoscopies, Bronchoscopies, Gastroscopies, Colonoscopies)

Cystoscopy

Sigmoidoscopy

Angiography

Aortography

Encephalography

Ventriculography

Myelography

POLICIES

N.B. Breast Biopsy is excluded unless performed by a qualified surgeon

Any other pre-admission diagnostic services are not the responsibility of the Cancer Foundation.

PRE-ADMISSION SURGICAL PROCEDURES LEADING TO A DIAGNOSIS OF CANCER

The Saskatchewan Cancer Foundation **cannot** recognize any claim for medical care of a cancer patient unless the patient is registered with the Cancer Program, excepting when an **emergency operation** is necessary for a cancerous condition, and the cancer clinic is informed within 7 days. Similarly, when an operation is performed on a provisional diagnosis of a benign condition, and a cancerous condition is found to be the principal disorder present, although not previously suspected, the Cancer Foundation will accept responsibility. Under certain or special circumstances, a patient may be admitted to the Cancer Control Program without personal attendance at a clinic. This applies in the case of certain skin cancers, completely excised; carcinoma-in-situ of the cervix, and certain other gynecological and urological cancers not requiring consultation or multimodal therapy. The cancer clinic, however, must be notified of the diagnosis, treatment and plans for management, and receive a copy of all pertinent records within the time limits mentioned. Certain surgical cases completely assessed at a major hospital may be authorized by the surgeon communicating with the Director of the cancer clinic by letter or by telephone. It is necessary in such cases that all pertinent records and reports be sent within the 14-day limit for purposes of registration, documentation and authorization of payment for the accounts by the Saskatchewan Cancer Foundation.

POSTMORTEM DISCOVERY OF CANCER

Accounts in connection with the management of a patient who is found at postmortem to have cancer, are **not** the responsibility of the Cancer Foundation and should be processed through the other payment agencies with the statement that the diagnosis was **not** known prior to postmortem examination.

TREATMENT SERVICES

Surgical

When investigation discloses cancer, and surgical treatment is indicated, the patient or his referring physician may choose a surgeon; the final choice of surgeon always rests with the patient. In the exceptional case, when neither the referring physician nor the patient has a preference, then a roster is used to assist the patient in selecting his surgeon.

The Saskatchewan Cancer Foundation will pay surgeons at specialty rates for procedures authorized by the Foundation, provided the surgeon is Certified or is a Fellow of the Royal College of Physicians and Surgeons of Canada, and is on the list of the College of Physicians and Surgeons of Saskatchewan for payment at specialty rates. Furthermore, the surgeon must have previously applied to the Executive Director of the Saskatchewan Cancer Foundation to have his/her name included on the Surgical Roster of the Foundation, and must provide evidence that his/her practice is located in a community with adequate hospital facilities including radiology, pathology, surgical and anesthetic services, and suitably trained personnel to operate such facilities.

In cases of unusual difficulty, or requiring possible multimodal therapy, it is recommended that preoperative consultation and authorization be obtained from the Foundation.

POLICIES

Surgeons wishing to make application for an appointment to the Saskatchewan Cancer Foundation for inclusion on the surgical roster, should write to the Executive Director, Saskatchewan Cancer Foundation, Suite 400 Parliament Place, 2631 28th Avenue, Regina, Saskatchewan S4S 6X3.

Breast Cancer

It is the policy of the Saskatchewan Cancer Foundation that biopsy and elective surgery for patients with suspected breast cancer be carried out by qualified surgeons in hospitals with a qualified pathologist and facilities for the performance of major surgery.

Unless these conditions are met, financial responsibility for breast surgery will not be assumed by the Cancer Foundation.

Medical

The Saskatchewan Cancer Foundation will pay internists and pediatricians for definitive chemotherapeutic management of leukemias and lymphomas, provided:

- they are certified in medicine or pediatrics by the Royal College of Physicians and Surgeons of Canada, or hold the F.R.C.P. (Canada); and have had past experience or special training in the use of cancer chemotherapeutic agents;
- the patient has been admitted to the Cancer Control Program;
- there is cooperation with the medical staff of the cancer clinic to ensure:
  - i) initial and continuing provision of the chemotherapeutic drugs;
  - ii) appropriate safeguards for the patient against untoward toxicity;
  - iii) the keeping of detailed clinical and laboratory records of the progress of the patient, at the cancer clinic.

Specialists' consultations are paid when authorized by a Clinic Director.

Medical care of complications directly related to surgery for cancer is payable by the Saskatchewan Cancer Foundation.

Supportive medical care required by **special** medical circumstances and provided by a qualified internist is also payable by the Cancer Foundation.

Radiotherapeutic

All radiotherapeutic treatment is performed by the staff of the cancer clinic involved.

Chemotherapeutic

A wide range of chemotherapeutic drugs, proven to be useful in the control of cancer are in use by the medical staff of the cancer clinic involved. These drugs are provided without charge to the patient.

Certain drugs may be provided to the practicing physician for administration to his patient, under the general supervision of the cancer clinic staff or approved consultants provided:

- the patient has been previously admitted to the Cancer Control Program;
- the drug may have usefulness in the management of the patient's cancer;
- the toxicity of the drugs is low, or the tolerance of the patient for the drug has been determined previously by the medical staff of a cancer clinic; or the patient is in the advanced stage of his illness;
- regular clinical and laboratory reports in the required detail are submitted to a cancer clinic.

Accounts concerning the administration of these drugs, or day to day supervision of such patients, may be paid by the Saskatchewan Cancer Foundation.

FOLLOW-UP (REVIEW) SERVICES

When treatment for cancer is completed, and the patient is ready to return home, arrangements are made for follow-up examinations. The family doctor or specialist may be requested by a Clinic Director to conduct review examinations. Requests for review examinations by either a specialist or

the cancer clinic may be initiated by the family physician by letter to the Clinic Director. A specialist may make requests of the cancer clinic for review examinations as well by the same procedure.

Cancer patients are encouraged to consult their local physician for purposes of familiarization of the doctor with the progress of the patient, and for purposes of supportive treatment or advice related to their malignant conditions. Fees for such services are payable by the Cancer Foundation. A report of the examination must be submitted to the cancer clinic concerned. A correspondence fee, if appropriate, will be paid by the Cancer Foundation.

SUPPORTIVE CARE

Should the patient's condition be advanced at the time of the first examination by the family physician, his continuing care may be authorized **without prior personal attendance** at a clinic, provided the attending physician notifies the Clinic Director. Payment is on a fee-for-service basis.

DRUG SERVICES

Authorized cancer patients in hospital receive all drugs without direct charge. Drugs are **not** supplied as a benefit to out-patients, excepting for certain hormones and chemotherapeutic agents which are provided by the cancer clinics for active treatment of cancer, and certain replacement drugs made necessary by treatments directed towards the control of cancer.

SERVICES EXCLUDED FROM CANCER FOUNDATION RESPONSIBILITY

The travelling expenses of patients to and from clinics are **not** paid by the Saskatchewan Cancer Foundation.

Private or semi-private ward accommodation, and the services of private duty nurses are **not** paid by the Saskatchewan Cancer Foundation.

Medical care for pre-existing non-malignant disease is **not** the responsibility of the Saskatchewan Cancer Foundation.

Fees for authorized diagnostic or exploratory surgery, even though a benign condition be found, may be billed to the Saskatchewan Cancer Foundation. However, fees for concurrent, definitive treatment of benign conditions are **not** the responsibility of the Saskatchewan Cancer Foundation.

Medical and surgical services rendered to a person prior to admission to the Cancer Control Program are not payable by the Saskatchewan Cancer Foundation.

SERVICES AVAILABLE TO NON-CANCER CASES

Persons with non-malignant conditions may be referred to a cancer clinic for treatment by radiotherapy. Fees for medical and surgical services rendered to such persons are not payable by the Saskatchewan Cancer Foundation.

CORRESPONDENCE SERVICES

In the case of all patients, malignant or non-malignant, which may be seen initially or periodically at the clinics, a full report is mailed to the referring physician as soon as possible. If the patient is hospitalized, progress reports will be sent, either during hospitalization, or at the time of the patient's discharge to his home.

BILLING PROCEDURES

Physician accounts should be sent direct to the Medical Care Insurance Commission, 3475 Albert Street, Regina S4S 6X6, using the MCIC claim cards, as they process these accounts for payment on behalf of the Saskatchewan Cancer Foundation. All other accounts should be sent to the cancer clinic where the patient is registered.

POLICIES

SERVICES OUTSIDE THE PROVINCE

All requests for consultation or treatments which are not available in Saskatchewan, are made by contacting the Clinic Director of the cancer clinic concerned. Financial approval of such special out-of-province referrals may then be authorized by the Executive Director.

Requests on behalf of cancer patients are **not** to be sent to the Medical Care Insurance Commission.

Payment by the Foundation for out-of-province services is made under the following circumstances:

(1) When a patient has been referred out-of-province for consultation or treatment not available in Saskatchewan, as outlined above, the cost of such treatment is paid by the Saskatchewan Cancer Foundation. The cost of hospital care is paid by the Saskatchewan Hospital Services Plan. Other costs such as travel, sustenance and accommodation are the patient's responsibility.

(2) The regulations regarding unsuspected and emergency treatment of cancer, apply outside the Province as well.

(3) If neither 1 or 2 apply, and a person receives definitive treatment outside the Province, the Saskatchewan Cancer Foundation will only assume financial responsibility, where:

   (a) the attending physician was a specialist with qualifications recognized by the Saskatchewan Cancer Foundation;

   (b) the appropriate cancer clinic receives complete clinical data from the attending physician including history, physical examination, operative and pathology reports and a discharge summary. The disposition of patient and arrangements for follow-up examinations should be included and subsequent reports sent to the cancer clinic;

   (c) the person attends the cancer clinic for follow-up care immediately upon his return to Saskatchewan.

(4) Subsequent follow-up examinations may be conducted out-of-province provided a report is submitted by the attending physician(s).

(5) Advanced care may be conducted out-of-province, if the patient remains a resident of Saskatchewan or, for three months only, if the patient gives up Saskatchewan residence.

(6) When a Saskatchewan resident moves out of the province and establishes residence elsewhere, and develops cancer, the Saskatchewan Cancer Foundation will pay for medical and surgical management as outlined above, for a period of three months only from the date of departure.

In each case either the patient or his physician will be reimbursed at the same rates, and subject to the same conditions as if the services were provided in Saskatchewan.

CANCER DATA SERVICES

Since 1946 every effort has been made to collect complete statistical data concerning cancer in Saskatchewan. For each patient referred a record containing personal and clinic information is completed.

Also through the assistance of the practicing pathologists, copies of pathology reports of cancer are forwarded regularly to the appropriate cancer clinic.

The submission of such a pathology report of cancer by a pathologist is a statistical matter and does not constitute the referral of the patient to a cancer clinic.

POLICIES

CYTOLOGY SERVICES

The Provincial Cytology Laboratory is located in the Pasqua Hospital in Regina and provides all necessary equipment for the performance of cervical cytology technique upon request, without charge. A rapid reporting service acquaints the physician with the result by mail or telephone. A manual of instruction entitled "Prevention of Cancer, The Female Genital Tract — Saskatchewan", is available from the Provincial Cytology Laboratory, or from the Canadian Cancer Society (Saskatchewan Division), 101 - 2629 29th Avenue, Regina, Saskatchewan S4S 2N9.

CANCER PATIENT LODGE REFERRAL

The Lodge provides free accommodation for patients receiving treatment at the clinic who meet the following criteria:

Eligibility

- Patient must be registered with the cancer program in Saskatchewan
- Admission must be authorized by a cancer clinic physician
- Patients must be able to care for themselves and must not require any nursing care
- Lodge accommodation is intended for patients who reside outside a 50 km radius of the clinic
- Pediatric patients, age 16 or under, must be accompanied by a responsible adult.

Payment

- Accommodation is free for cancer patients who meet the above criteria
- There will be a per diem charge to patients from outside Saskatchewan
- One companion per patient may be accommodated at the Lodge **if space is available**. Companions will be charged a per diem rate.
- A companion required to accompany a pediatric patient is **not** charged.

HISTORICAL BACKGROUND

1929 The Saskatchewan Medical Association appointed a committee to study facilities available in the Province for treatment of cancer and recommended to the Minister of Health that a cancer program be established.

1930 The Saskatchewan Cancer Commission Act was passed which authorized a Commission to establish a cancer control program in Saskatchewan.

1931 Consultative diagnostic treatment clinics were opened at the Regina General Hospital and the Saskatoon City Hospital.

1939 The Regina Cancer Clinic was relocated to the Regina Grey Nuns' Hospital.

1944 The Cancer Control Act replaced the Saskatchewan Cancer Commission Act, and provided treatment at provincial expense for persons who had been resident in the province for more than six months.

1945 Radioactive isotopes were introduced to a limited extent at the clinics.

1947 The Canadian Cancer Society provided a personal service worker at each clinic to help in the personal needs of the patient.

1948 The Regina clinic moved to a newly constructed wing of the Regina Grey Nuns' Hospital and was named the Allan Blair Memorial Clinic in recognition of the contribution of the late Dr. Allan W. Blair to the program.

1949 A 25 million electron volt betatron was installed at the University of Saskatchewan and became available for treatment of patients with advanced cancer.

1951 The first cobalt unit in the world was designed and installed at the Saskatoon Cancer Clinic.

1954 The cancer clinic in Saskatoon was moved to the newly constructed University Hospital.

1958 Treatment was extended as an insured benefit to persons who had been resident in the province for more than three months.

1962 Insured benefits for cancer treatment were extended to Saskatchewan residents who received treatment outside the province.

1963 Renovation and expansion of radiotherapy facilities at the Allan Blair Memorial Clinic were completed.

1966 Insured benefits were extended to landed immigrants from the day of arrival.

1970 The Minister of Public Health established a study team to review and examine all aspects of cancer care in Saskatchewan and the report was made available in 1972.

1972 A new radiotherapy facility was opened at the Saskatoon Cancer Clinic which included a new 42 million electron volt betatron.

1973 The Cancer Control Act was amended to provide for the establishment of trust funds which could receive gifts, donations, bequests or grants.

A new Commission was appointed in April 1973.

1975 Nuclear medicine services were transferred from the cancer program to the Boards of the University Hospital and the South Saskatchewan Hospital Centre as hospital-based services.

HISTORICAL BACKGROUND

1978 Dr. T. A. Watson completed a study titled "A Report on Some Aspects of the Saskatchewan Cancer Program". Several recommendations were made in the report including the establishment of the Saskatchewan Cancer Foundation to replace the Cancer Commission and the purchase of a linear accelerator for the Allan Blair Memorial Clinic.

Construction was completed on the expanded and renovated radiotherapy facilities at the Allan Blair Memorial Clinic.

1979 The Saskatchewan Cancer Foundation Act was passed establishing a Foundation to replace the Cancer Commission. Under this Act, the Foundation conducts a program for the diagnosis, prevention and treatment of cancer.

1980 Renovations to the Allan Blair Memorial Clinic were started beginning with the chemotherapy treatment area.

1981 A Siemens 20 MeV Linear Accelerator was installed at the Allan Blair Memorial Clinic.

Construction of a 28 bed patient lodge in Saskatoon was begun.

1982 The newly renovated Allan Blair Memorial Clinic was officially opened on June 22, 1982.

In August, an eight day strike by unionized employees occurred and was ended by an Act of the Legislature.

1983 On April 8, 1983, the first Saskatchewan patient lodge was officially opened in Saskatoon.

1985 On July 12, 1985 the second Saskatchewan patient lodge was officially opened in Regina.

A Siemens 4 MeV Linear Accelerator was installed at the Allan Blair Memorial Clinic.